



Golf Maine Park District
SUMMER CAMP/CHILD CARE
2018 REGISTRATION FORM
(Permission/Authorizations, Waivers)

Date _____

Child's Name _____

Child's Address _____

Grade Entering in Fall _____ Birth Date _____ Age _____

Mother's Full Name _____

Address (if not the same as child's) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Full Name _____

Address (if not the same as child's) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address(es): _____

Enroll my child in: ___ Summer Camp ___ Before Camp Child Care ___ After Camp Child Care

Please list below any physical or emotional issues/disabilities or other medical conditions (including allergies) concerning your child that we should be aware of. Accommodations required? Yes _____ No _____

CAMP T-SHIRTS:

The District provides one free camp T-shirt. Please indicate the size needed. Extra shirts may be purchased at \$8 each. Please indicate how many extra shirts you'd like.

YOUTH SIZES:

ADULT SIZES:

Med. (10-12) _____ Large (14-16) _____ Small _____ Medium _____ Large _____ X-Large _____

Number of extra shirts at \$8 each _____

EMERGENCY INFORMATION AND PICK UP AUTHORIZATION

Names of two individuals, besides parents/guardians shown above, who can be contacted in case of an emergency and who are authorized to pick the child up from camp/child care if necessary.

Full Name _____ Address _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Full Name _____ Address _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

(Over -Please also read, complete & sign the reverse side)

**2018 CAMP/CHILD CARE
PERMISSIONS/AUTHORIZATIONS/WAIVERS**

Trips/Transportation: I authorize Golf Maine Park District to take my child on walking trips, bus trips, biking trips and to nearby facilities. I also authorize my child to ride as a passenger in any vehicle used by the District for transportation. If there is a specific trip that I do not want my child to attend, I understand that I must notify the District immediately. I understand that if my child does not attend a field trip or special excursion that he/she may not attend camp that day.

Photo Policy: I understand that photographs are occasionally taken of program participants and they may appear in newspapers and/or park district publications for promotional/public relations purposes.

Pick-Up Time/Late Fees: I understand that I must pay late fees if my child is picked-up late. Children must be picked-up by 3:30 pm when camp ends. Children not picked-up by 3:35 pm will be placed in child care for the day and a fee will be issued.

My Child - Name: _____

(Please Choose Only One)

_____ Has my permission to walk or ride bike home daily

_____ Will be picked up by me (or another individual designated by me).

_____ Is registered for the District after camp child care program.

MEDICAL CARE AUTHORIZATION

If your child sustains a minor injury, our Program staff will administer basic first aid. If the injury requires more than basic first aid, your child will be taken to the nearest hospital for emergency medical care. By signing this form, you are authorizing our program staff to provide basic first aid and/or obtain emergency medical care for your child and you agree to pay for all charges related to the medical care provided.

BEHAVIOR and DISCIPLINE

Children are entitled to a safe, pleasant and harmonious environment. All children are expected to adhere to our behavior code. Our rules for behavior are simple -RESPECT staff, other participants, and property that belongs to others; do not use foul/abusive language; and do not threaten or cause situations that are harmful to others (verbally or physically). A firm, caring, positive approach will be used regarding discipline. The District reserves the right to dismiss a participant from the program if his/her behavior is detrimental to others.

CAMP/CHILD CARE WAIVER

Please read this form carefully and be aware that in signing up and participating in the Summer Camp and/or Child Care programs, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided).

As a participant in the above program(s), I recognize and acknowledge that there are certain risks of physical injury and those listed above agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participation in any and all activities connected with or associated with such programs. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participation in the program(s), against the Golf Maine Park District, its officers, agents, servants and employees.

I have read the above recreation waiver and release of all claims and assumption of risk and understand that my signature is required below in order to participate in any Golf Maine Park District programs. Signature is required of all participants 18 years or older and of parent/guardian for those participants under 18 years of age. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARENT/GUARDIAN SIGNATURE

DATE

**Golf Maine Park District
SUMMER CAMP
2018 ENROLLMENT/PAYMENT FORM**

Child's Name: _____

SUMMER CAMP SESSIONS

SESSIONS APPLIED FOR:

FEES: \$200 per session *or*
\$900 * if paid in full prior to start of camp *or* (all 5 sessions, 10 weeks)
\$1000 if paid session by session (5 sessions, 10 weeks)

Session 1: June 4-June 15 _____

Session 2: June 18-June 29 _____

Session 3: July 2-July 13* _____

*(No camp Wednesday, July 4)

Session 4: July 16-July 27 _____

Session 5: July 30-Aug 10 _____

BEFORE & AFTER CAMP

SESSIONS APPLIED FOR:

FEES: (7:30-9:30 am)-\$65.00 per 2-week session
(3:30-6:00 pm) \$75.00 per 2-week session
Both Before and After Camp \$140.00 per 2-week session

Session 1: June 4-June 15 _____

AM_____ PM_____

Session 2: June 18-June 29 _____

AM_____ PM_____

Session 3: July 2-July 13* _____

AM_____ PM_____

*(No camp Wednesday, July 4)

Session 4: July 16-July 27 _____

AM_____ PM_____

Session 5: July 30-Aug 10 _____

AM_____ PM_____

******* STAFF USE ONLY *******

Camp Session Fees		
Before & After Camp Care Fees		
Family member Discount (\$10 per session if one child registers at the regular price)		
Camp coupon (Must be present to get discount)		
Extra Shirt (\$8 each)		
	Total Amount Due	

Payment	Date	Receipt #	Paid	Amount Due
1				
2				
3				
4				
5				
6				
7				
8				
9				

Payment for each session is due in advance on Friday before the next session starts.
 ** A \$30.00 fee will be charged for non-sufficient funds (NSF) checks.
 Please Make Checks Payable To: Golf Maine Park District